GOVERNOR'S OFFICE FOR CHILDREN
A Division Within the
GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION

FY 2021 Community Partnership Agreement
Notice of Funding Availability
Application Instructions

Governor's Office for Children
A Division Within the
Governor's Office of Crime Control and Prevention
100 Community Place
Crownsville, Maryland 21032-2022
www.goc.maryland.gov
www.goccp.maryland.gov
(410) 697-9338

Larry Hogan, Jr., Governor
Boyd K. Rutherford, Lt. Governor
V. Glenn Fueston, Jr., Executive Director

Note: Hard copy applications are no longer accepted.

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I. APPLICATION PROCESS

Applicants are required to apply for grant funding using GOCCP's web-based Grant Management System (GMS) application, which may be accessed through the homepage: www.goccp.maryland.gov by clicking on **GRANTS,** or going directly to the login screen using the web URL:
https://grants.goccp.maryland.gov/BLIS_GOCCP/Public/Custom/GOCCP/Default.aspx

In order to use the web-based application you must have a User ID.

If you have *not* previously applied using GMS, go to the web URL below to obtain instructions and the information required to obtain a User ID and password: http://goccp.maryland.gov/grants/requesting-access/.

The last day to request a User ID is **March 25, 2020**. If you have previously applied using GMS, use your existing User ID and password for this application.

If you have previously applied to GOCCP, but *do not have your User ID*, or are having *technical issues with the system*, contact the GOCCP Helpdesk via email at support@goccp.freshdesk.com for assistance.

If you need assistance completing the program-specific information required in the online application, please contact Kim Malat at kim.malat@maryland.gov.

II. APPLICATION WEBSITE WORKSHEET

NOTICE TO ALL APPLICANTS
The information collected on the grant application form is collected for the purposes of GOCCP's function under Executive Order 01.01.2005.36. Failure to provide all of this information may result in the denial of the application for funding. GOCCP is a government entity; upon submission, this application is considered public information. GOCCP does not sell collected grant information. Under the Maryland Public Information Act (PIA) (MD State Government Code Ann. 10-617 (h)(5)), you may request in writing to review grant award documentation. Please send those requests to the GOCCP, 100 Community Place, Crownsville, Maryland 21032-2022.

A. FACE SHEET TAB INSTRUCTIONS

1. *Project Title*
   The project title should be "FY 2021 Community Partnership Agreement Application JURISDICTION". For example: "FY 2021 Community Partnership Agreement Application Allegany."

2. *Applicant Agency*
   The Applicant Agency is generally the Local Management Board that is eligible to apply for grant funds, but may be a county entity in accordance with local government mandates that the County Executive or Commissioner sign all grant award documents. In this case, the government or Board of Commissioners must be the Applicant Agency on behalf of the Local Management Board.

   Full details about the Applicant Agency (Federal ID, Unique Entity Identifier [UEI, currently DUNS] etc.) may be viewed by clicking the corresponding underlined organization field. If any information needs to be revised, contact Kim Malat.

3. *Authorized Official*
   You may view the contact information for either agency's Authorized Official by clicking the underlined name. A popup box will appear after clicking the name. Procedures for revising an agency's authorized official can be obtained by contacting support@goccp.freshdesk.com; or by viewing Condition #15 at:
   http://www.goccp.maryland.gov/grants/general-conditions.php.

4. *Implementing Agency*

The name of the entity (Local Management Board) that is responsible for the operation of the project. Full details about the Implementing Agency (Federal ID, Unique Entity Identifier [currently DUNS number], etc.) may be viewed by clicking the corresponding underlined organization field. Contact the Program Manager to make any revisions.

5. *'Is service site?' Checkbox*
Clicking these checkboxes automatically adds the Applicant and/or Implementing Organization to the Service Site tab. Leave this box unchecked.

6. *Proposed Start/End Dates*
Start and end date are determined by the parameters of the Notice of Funding Availability and are filled in automatically. Projects may not exceed twelve (12) months or commence before the Notice of Funding Availability defined start date.

7. *Preparer Information*
Enter the name of the person completing the application, their phone number, and their email address.

8. *Officers' Tab Instructions*
To add a new officer or new contact to the Grant Management System, contact your Program Manager.

9. *Project Director*
Select the person who will be responsible for oversight and administration of the project on behalf of the applicant. For this application, this is the Local Management Board point of contact. Selections are limited to implementing/applicant agency personnel in the Grant Management System.

10. *Fiscal Officer*
Select the person who will be responsible for financial reporting and record keeping for the project. You may select any contact currently in the Grant Management System. Use the search windows to search by last name, organization, and/or job title.

11. *Service Sites Tab Instructions*
Please leave blank.

B. **SUMMARY TAB INSTRUCTIONS**
Please leave this section blank.

C. **NARRATIVE TAB INSTRUCTIONS**
Using as many sections as needed (one Result per section), provide a concise discussion of one or more of the eight (8) standard Child Well-Being Result(s) that are identified in the community plan that the Local Management Board has prioritized for FY 2021, including:

1. The corresponding Indicator(s) for that Result that are prioritized for FY 2021;
2. The story behind the data;
3. An explanation of why the Board prioritized the Result and Indicator for FY 2021; and,
4. A listing of the FY 2021 programs/strategies that are proposed to impact the identified Result and Indicator. Complete a program/strategy page for each and upload each completed page in the DOCUMENTS tab.

Use the numbering above to include all required narrative for each Result prioritized for FY 2021. Incomplete narratives may be returned for revision.

D. **BUDGET TAB INSTRUCTIONS**

1. Using the Excel budget worksheet provided to develop a budget for the FY 2021 allocation plus any Local Care Team Coordinator funding requested. Follow closely the instructions provided on the first tab of the Excel worksheet. When the worksheet is complete, use the category totals on lines 18-23 for columns B, D, and F of the "GMS Budget Summary Page" of the Excel worksheet and enter each total in the Budget tab. When completed, the totals on the GMS Budget Tab for Total Grant funds, Total Cash Match, and Total In Kind should equal the totals in cells B24, D24, and F24 of the NOFA Budget Worksheet. It is not necessary to add the descriptions for each category as this information is included in the Excel worksheet. enter only the totals for the category.
2. When complete, upload the completed Excel budget worksheet in the DOCUMENTS tab when completed.
3. All 'Total Budget' fields will be rounded by the Grant Management System to the nearest whole dollar.
4. Budgets must be clear and specific.
5. Budgets must reflect one year of spending and where applicable, be adjusted to reflect the start date and holidays. The grant cycle will reflect twelve (12) months. *GOCCP reserves the right to reduce budgets*.
6. Prioritization of budget requests is not required for this NOFA.
7. Refer to the Grant Management System training videos for further instructions: http://goccp.maryland.gov/grants/gms-help-videos/.

Notes on Budget Development

PERSONNEL
The salaries and fringe benefits for staff required to implement the project (or Local Management Board staff if completing the Board Support budget) are listed in the personnel category. Consultants must be listed in Contractual Services. If an employee is paid directly, funds should be entered in the Personnel category. For each position, list salary and fringe benefits on separate line items.

Help	Budget Category	Total Grant Funds	Total Cash Match	Total In Kind	Total Budget
?	Personnel	$33,000.00	$0.00	$0.00	$33,000.00

	Description of Position	Salary Type	Funding	Wage Type	Wage Amount	Total Budget	Just.
∨	**Community Outreach Coordinator**					**$22,000.00**	
	Community Outreach Coordinator	Salary	Grant Funds	Annual	$60,000.00	$20,000.00	[View/Edit]
	Community Outreach Coordinator	Fringe	Grant Funds	Annual	$20,000.00	$2,000.00	[View/Edit]
∨	**Community Outreach Trainer**					**$11,000.00**	
	Community Outreach Trainer	Salary	Grant Funds	Annual	$40,000.00	$10,000.00	[View/Edit]
	Community Outreach Trainer	Fringe	Grant Funds	Annual	$10,000.00	$1,000.00	[View/Edit]

● The 'Description of Position' field may be left blank as this detail is included in the Excel worksheet.

Example budget narrative for the Personnel category:
Community Outreach Coordinator - Annual salary is $60,000 x .3333 FTE = $19,998, rounded to $20,000.

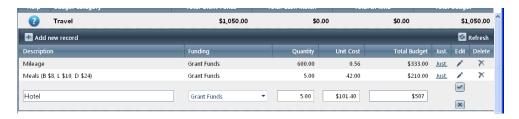Fringe benefits @ 10% of salary = $20,000 x .10 = $2,000

OPERATING EXPENSES
Office supplies (program supplies should be listed in the 'Other' category), Rental Space, Printing, and Communications. Communication expenses include items such as telephone, fax, postage, and other expenditures such as photocopying.

Refer to the Funding Specifications section of the Notice of Funding Availability for a link to allowable and unallowable expenses.

TRAVEL
Travel expenses may include mileage and/or other transportation costs, meals, and lodging consistent with the local jurisdiction's travel regulations.

CONTRACTUAL SERVICES
Consultant contracts for training or evaluation should be included here and shall be consistent with Manual guidelines.

EQUIPMENT
Costs may include taxes, delivery, installation and similarly related charges. The procurement process used must be consistent with the Local Management Board's written procurement guidelines. If such guidelines do not exist, refer to the State of Maryland guidelines by accessing General Condition # 17 on the GOCCP website under the Grants Area.

Maintaining inventory records for equipment procured under this funding source is mandatory.

OTHER
Include all other anticipated expenditures which are not included in the previous categories such as registration fees and program supplies.
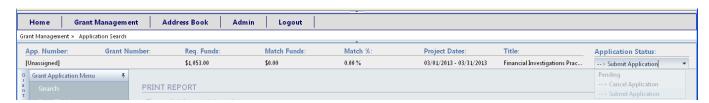
INDIRECT COST RATE
Indirect costs may be charged in accordance with Manual guidelines.

E. **BUDGET PRIORITIZATION TAB**
    This is not required.

F. **APPLICATION STATUS DROP DOWN INSTRUCTIONS**
    After completing and reviewing all sections of the application, use the 'Application Status' dropdown to submit the application electronically. Selecting 'Submit Application' from the dropdown performs a final validation check. If the validation check is successful, the application's status changes to 'Awaiting Hard Copy'.

G. **DOCUMENTS TAB INSTRUCTIONS**
    Use this tab to submit the required documents to complete the application:
    1. Completed program/strategy pages;
    2. Completed Local Care Team Coordinator page; and,
    3. Completed Excel budget worksheet.

    Please DO NOT submit materials not listed above. Please see the Documents Attachment Guide for additional information.

H. SIGNATURE PAGES

The Certified Assurances must be signed by the appropriate agency representative and **may only be signed by the Applicant Agency's Authorized Official or the duly assigned alternate signatory**. The form must be generated by the online application software. Please see the [Documents Attachment Guide](#) for additional information.

In order for an alternate signatory to be valid, GOCCP must receive a signed, written notification from the applicant agency's Authorized Official (on agency letterhead) stating that an alternate signatory has been designated.

III. CERTIFIED ASSURANCES

This signed form must be generated by the Online Application Software

THE APPLICANT HEREBY ASSURES AND CERTIFIES THE FOLLOWING:

1. That Federal funds made available under this grant will not be used to supplant State or local funds, but will be used to increase the amounts of such funds that would, in the absence of Federal Funds, be made available for program activities.

2. That matching funds required to pay the non-Federal portion of the cost of each project, for which grant funds are made available, shall be in addition to funds that would otherwise be made available for program activities by the recipient of the grant funds and shall be provided as required in the Grant Award document.

3. That if the sub-recipient has expended $750,000 or more in federal funds during the entities fiscal year, a single audit has been conducted in accordance with 2 CFR §200.514 and submitted to the Federal Audit Clearinghouse

4. That fund accounting, auditing, monitoring, evaluation procedures and such records as the Governor's Office of Crime Control and Prevention shall prescribe to and shall be provided to assure fiscal control, proper management and efficient disbursement of funds received.

5. That the Grantee shall maintain such data and information and submit such reports in such form, at such times, and containing such information as the Governor's Office of Crime Control and Prevention may reasonably require to administer the program.

6. Sub-recipients will comply (and will require any sub-grantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. § 10228(c)(1)): the Victims of Crime Act (42 U.S.C. § 10604(e)); the Juvenile Justice and Delinquency Prevention Act of 1974(42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000(d)); the Rehabilitation Act of 1973 (29 U.S.C. § 704); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. § 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. § 6102), and the DOJ implementing regulation at 28 C.F.R. pt.42, subpt. I; and the Department of Justice (DOJ's) Partnerships With Faith-Based And Other Neighborhood Organizations (28 CFR Part 38).

7. That in the event a Federal or state court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against the Grantee, a copy of the finding will be forwarded to the Governor's Office of Crime Control and Prevention.

8. Sub-recipients that are governmental or for-profit entities, that have fifty or more employees and that receive a single award of $500,000 or more under the Safe Streets Act or other Department of Justice (DOJ) program statutes are required to submit their Equal Employment Opportunity Plan (EEOP) to the federal Office of Civil Rights (OCR). The sub-recipients are not required to submit a copy to the Governor's Office of Crime Control and Prevention, but must have a copy available on site for monitoring purposes. Those sub-recipients that are subject to the OCR's EEOP Certification Form may access this form at:https://ojp.gov/about/ocr/eeop.htm.

9. That the Grantee will comply with the provisions of the Governor's Office of Crime Control and Prevention's General and Special Conditions for Grants. General Conditions are posted on Governor's Office of Crime Control and Prevention's website (http://www.goccp.maryland.gov/grants/general-conditions.php).

10. That the Grantee will comply with the provisions of 28 CFR Part 66 applicable to grants and cooperative agreements awarded with DOJ funding.

11. Sub-recipients are obligated to provide services to Limited English Proficient (LEP) individuals. Refer to the DOJ's Guidance Document. To access this document see U.S. Department of Justice, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (67 Federal Regulation 41455 (2002)). This regulation may be accessed at: http://www.archives.gov/eeo/laws/title-vi.html

12. That, if applicable, has never had a federally approved negotiated indirect cost rate and is eligible to use the de minimis rate.

CERTIFICATION: I certify that this program will comply with the provisions set forth by the State of Maryland and the Governor's Office of Crime Control and Prevention.